

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application No.	10/814,728
Filing Date	March 30, 2004
First Named Inventor	David K. Parker
Group Art Unit	2451
Examiner Name	Zarni Maung
Attorney Docket Number	2717P183

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with Customer Number:

45220

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

08791

OR

Firm or
Individual Name

Address

Address

City

State

Zip Code

Country

Telephone

Fax

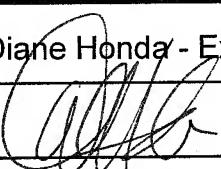
I am the:

Applicant.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under of 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Diane Honda - Extreme Networks VP, General Counsel & Secretary
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Signature	
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Date	4.8.10.
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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.